## FORM D

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

GLC Mail Processing Gection

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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

FORM D

SEC USE ONLY Prefix Serial DATE RECEIVED

Estimated average burden

OMB APPROVAL

April 30, 2008

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OMB Number:

hours per form

Expires:

Washington,	DC
67/04	

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Name of Offering (☐ check if this is an amend SRKP 23, INC.	ment and name has chang	ged, and indicate cha	ange.)	
Filing Under (Check box(es) that apply:)	Rule 504 🔲 Rule 50	5 🗵 Rule 506	Section 4(6)	□ ULOE
Type of Filing: ☑ New Filing ☐ Amendmer				
	A. BASIC IDEN	TIFICATION DA	TA	I NOCHE CONTINUE DUNG DEN AND AND AND AND AND AND AND AND AND AN
1. Enter the information requested about the is	ssuer			
Name of Issuer ( check if this is an amend SRKP 23, INC.	dment and name has chan	ged, and indicate ch	ange.)	08024691
	Number and Street, City, S Lauderdale by the S	State Zip Code) ea, FL 33308-292		nber (including Area Code) (310) 203-2902
Address of Principal Business Operations	(Number and Street, City		e) Telephone Nun	nber (Including Area Code)
(if different from Executive Offices) Not A	pplicable		Not Applical	
Brief Description of Business: The company of 1934, as amended (the "Exchange A	is a "blank check" co ct") and a "shell comp	mpany, as defined any", as defined	m Kule 120-2 unuei	the Exchange Act.
Type of Business Organization ☑ corporation ☐ business trust	☐ limited partnership, al ☐ limited partnership, to	•	other (please spe	ecify): PROCESSES
Actual or Estimated Date of Incorporation or O Jurisdiction of Incorporation or Organization:	rganization: 1 (Enter two-letter U.	onth Yea 0 0 S. Postal Service abl da; FN for other foreign	7 🗵 Actual breviation for	Estimaeros Curcon

### **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Director General and/or Check Box(es) that Apply: Promoter □ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Rappaport, Richard Business or Residence Address (Number and Street, City, State, Zip Code) 4737 North Ocean Drive, Suite 207, Lauderdale by the Sea, FL 33308-2920 IXI Director General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Pintsopoulos, Anthony C. Business or Residence Address (Number and Street, City, State, Zip Code) 4737 North Ocean Drive, Suite 207, Lauderdale by the Sea, FL 33308-2920 □ Director Check Box(es) that Apply: Promoter ⊠ Beneficial Owner □ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Schwartzberg, Debbie Business or Residence Address (Number and Street, City, State, Zip Code) 785 5th Avenue, New York, New York 10021 □ Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner ■ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) □ Director П ☐ Executive Officer General and/or Check Box(es) that Apply: Promoter ■ Beneficial Owner Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

	<del></del>			В.	INFORMAT	TION ABOU	T OFFERIN	IG				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No ⊠				
2. What is	s the minimu	ım investme	ent that will t	e accepted	from any in	idividual?					s	n/a
												-
3. Does th	he offering p	ermit joint c	wnership of	a single un	it?						Yes ⊠	No
commis a perso states, broker	the information or simple to be listed in the harmon or dealer, yet the man or dealer.	ilar remune ed is an asso re of the bro ou may set t	ration for so ociated persoker or deale forth the info	olicitation of son or agent er. If more	purchasers of a broker than five (5	in connecti or dealer re ) persons to	on with sale egistered wit be listed a	s of securition the securition the securition is the securition and the securities are the securities and the securities are th	es in the of and/or with a	renng. II a state or		
Full Name Not applica	(Last name	first, if indiv	idual)									
Business o	or Residence	Address (f	Number and	Street, City	, State, Zip	Code)					·	<del></del> .
Name of A	ssociated B	roker or Dea	aler									
	Which Perso All States" o							<del></del>				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	(DC)	(FL)	[GA]	[HI]	[ID]
[iL]	[IN]	[/ <u>_</u> , [/A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[ТХ]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Business o	or Residence	e Address (I	Number and	Street, City	, State, Zip	Code)						
Name of A	Associated B	roker or De	aler		•••							
	Which Perso									<u></u>		All State
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	(IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[עד]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if indiv	vidual)									
Business	or Residenc	e Address (	Number and	Street, City	y, State, Zip	Code)						
					_							
Name of A	Associated E	Broker or De	aler	-								
-	Which Perso						,,,,,				C	All State
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
[AL]	[KN]	رحب <sub>]</sub> [AI]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MN]	[NY]	[NC]	(ND)	[OH]	[OK]	[OR]	[PA]
נטוז	[1,17]	[144]	ETAIL	נייין	[[]	I/T1	[\/A]	IWA1	[WV]	rwii	[WY]	[PR]

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🖾 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price	:		Amount Already Sold**
	Debt	.S <u></u>	None	_	\$_	None
	Equity	\$ <u></u>	7,500.17		\$_	7,500.17
	☑ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$ <u></u>	709.64 <u>*</u>		\$_	None
	Partnership Interests	\$ <u></u>	None	_	\$_	None
	Other (Specify) 1	\$_	None		\$_	None
	Total	. \$_	8,209.81		\$_	7,500.17
	Answer also in Appendix, Column 3, if filing under ULOE.					
thi: inc	Enter the number of accredited and non-accredited investors who have purchased securities in s offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, dicate the number of persons who have purchased securities and the aggregate dollar amount their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>.</u>	9		\$_	7,500.17
	Non-accredited Investors	<u>.</u>	0	_	\$_	0
	Total (for filings under Rule 504 only)				\$	
se pri	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all curities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months for to the first sale of securities in this offering. Classify securities by type listed in Para Question 1.  Type of offering	;	Type of Security			Dollar Amount Sold
	Rule 505		•		\$	N/A
	Regulation A				*- \$	N/A
	-			_	Ψ- \$	N/A
	Rule 504				Ť-	N/A
	Total	····· <u>·</u>			\$_	IN/A
se Th	a. Furnish a statement of all expenses in connection with the issuance and distribution of the curities in this offering. Exclude amounts relating solely to organization expenses of the issuer he information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$_	0
	Printing and Engraving Costs	•••••			\$_	0
	Legal Fees			X	\$_	10,000
	Accounting Fees				\$_	0
	Engineering Fees		•••		\$_	0
	Sales Commissions (specify finders' fees separately)	••••			\$_	0
	Other Expenses (identify)				\$_	
	Total			X	\$	10,000

C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND U	SE OF PROCEE	os
<ul> <li>Enter the difference between the aggregate off</li> <li>C - Question 1 and total expenses furnished in resident</li> <li>difference is the "adjusted gross proceeds to the iss</li> </ul>	oonse to Part C - Question 4.a. This		\$ (1,790.19)
indicate below the amount of the adjusted grosproposed to be used for each of the purposes shown of known, furnish an estimate and check the box to the payments listed must equal the adjusted grosprosponse to Part C - Question 4.b. above.	wn. If the amount for any purpose is the left of the estimate. The total of		
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and Fees			<b>\$</b>
Purchase of real estate			_ 🗆 \$
Purchase, rental or leasing and installation of mach	inery and equipment		□ \$
Construction or leasing of plant buildings and facility			
Acquisition of other businesses (including the value offering that may be used in exchange for the as:	of securities involved in this sets or securities of another		
issuer pursuant to a merger)			_ 🗅 \$
Repayment of indebtedness	□.\$		_ 🗆 \$
Working capital	X\$	(1,790.19)	_ 🗆 \$
Other (specify)	□.\$		_ 🗅 \$
Column Totals			
Total Payments Listed (column totals added)		× <u> </u>	(1,790.19)
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by signature constitutes an undertaking by the issuer to the information furnished by the issuer to any non-acc	furnish to the U.S. Securities and Excha	ange Commission	filed under Rule 505, the following, upon written request of its staff
ssuer (Print or Type) SRKP 23, INC.	Signature	Date Jan	wary 4, 2008
Name (Print or Type)	Title (Print or Type)	Dussidant	
Richard Rappaport		President	
Intentional misetatements or amine	ATTENTION sions of fact constitute federal crimina	l violations. (Sec	e 18 U.S.C. 1001).
intentional misstatements or omiss	nons of fact constitute leaster criticia		

